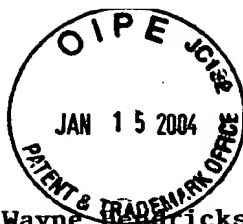


61
RESPONSE UNDER
37 C.F.R. §1.116
EXPEDITED PROCEDURE
GROUP ART UNIT 1631



AF/1631
Docket No. 0575/50950/JPW/BJA

In re application of: Wayne Hendrickson et. al.

Serial No.: 09/609,027

Examiner: S. Zhou

Filed: June 29, 2000

Group Art Unit: 1631

For: CONJUGATED LIGANDS FOR THE STIMULATION OF
BLOOD CELL PROLIFERATION BY EFFECTING DIMERIZATION
OF THE RECEPTOR FOR STEM CELL FACTOR
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

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JAN 20 2004
TECH CENTER 1600/2900

S I R:

January 12, 2004

Transmitted herewith is an amendment to the above-identified application.

Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

X No additional fee is required. (Apart from \$420.00 fee for a Two Month Extension of Time)

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	7	-	* 47	=	*** 0	x	\$9.00	\$18.00	=	0
Independent Claims	1	-	** 4	=	*** 0	x	\$43.00	\$86.00	=	0
Multiple Dependent Claims(s) Presented Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> For First Time:							\$145.00	\$290.00		0
							TOTAL ADDITIONAL FEE \$ 0			

*If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

Applicants: Wayne A. Hendrickson et. al.
U.S. Serial No.: 09/609,027
Filed: June 29, 2000

Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

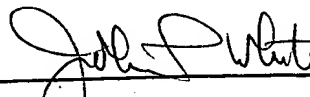
 X A check in the amount of \$ 420.00 is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. \$1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. \$1.17.

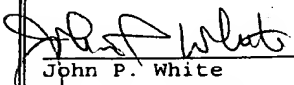
Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to:

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Alexandria, VA 22313-1450


John P. White
Reg. No. 28,678

11/21/04
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